



Central Virginia Agility Club Membership Application

**\$35 Family, \$25 Single, \$15 Junior Handler
(check or cash)**

Name _____
Name _____
Address _____
Address _____
City _____ State _____ Zip Code _____
Home Telephone _____
Work Telephone _____
E-mail Address _____

(Please print or write legibly.)

Membership Type: Family Single Junior Handler

Please Indicate Which Committee(s) You Would Like To Serve On:

_____ Equipment Committee _____ Hospitality Committee
_____ Membership Committee _____ Publicity Committee
_____ Show Committee

Agility experience: New to the sport Experienced handler

What venues have you or do you hope to compete in?

Dues can be paid at a meeting or send your application and check (payable to CVAC) to:

CVAC
c/o Kim Bolster, Treasurer
1601 Bellevue Avenue
Richmond, VA 23227

Questions: Kim Bolster, Treasurer
(H) 804-264-3611